

October 15, 2017 ENTRY FORM

(Pre-Registration Only: Please fill out one form per participant)

Register online at <https://runsignup.com/Race/NY/Wellsville/RidgeWalkRun>

1993-2017
25th
ANNIVERSARY



Name _____

Address _____

T-Shirt Size (for first 1,000 registrations): _____ (S, M, L, XL, XXL)

E-mail: _____ Phone _____ M/F _____

Race Day Age _____ 2017 USATF Niagara Member Y/N _____ If Yes, Membership Number _____

Check One Event:

_____ 25K Trail Run _____ 25K Walk _____ 10K Trail Run _____ 5K Trail Run

Includes sport-tek shirt for entries received before 9/15/17

_____ Ages 6-18: Postmarked by 9/15/17 \$20; after \$25 \$ _____

_____ Ages 19+: Postmarked by 9/15/17 \$30; after \$35 \$ _____

_____ 2 Mile Trail Walk (guided event) _____ 2 Mile Scenic Walk (country road)

_____ 6 Mile Trail Walk _____ 9 Mile Trail Walk

_____ Ages 5 and Under: Free!! (Event shirt cannot be provided) \$ _____ 0.00

_____ Ages 6-15: Postmarked by 9/15/17 \$10; after \$15 \$ _____

_____ Ages 16-55: Postmarked by 9/15/17 \$25; after \$30 \$ _____

_____ Age 56+: Postmarked by 9/15/17 \$20; after \$25 \$ _____

_____ Pre-Event Pasta Dinner: at the Grill, \$20 per person \$ _____

_____ # Spectator Meal Tickets: \$3 each (Day of the event \$5 each) \$ _____

Total \$ _____

Where did you hear about RidgeWalk & Run? _____

How many years have you participated in RidgeWalk & Run? _____

Waiver: In consideration of accepting entry for any of these events, I hereby for myself, my heirs and executors, waive and release any and all claims that I may have against any and all persons and organizations affiliated with this event including, but not limited to: Jones Memorial Hospital, County of Allegany, Town of Wellsville, Village of Wellsville, Towns of Willing and Alma and all sponsors, volunteers, and private landowners. In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident which may occur while I am traveling to or from the event, during the event, or while I am on the premises of the event. I further attest that I am physically fit and have trained sufficiently for the event chosen. I understand that this is a rain or shine event and the entry fee is non-refundable and non-transferable. I hereby grant full permission to any and all of the above parties to use any photographs, videotapes, motion pictures, website images, recordings or any other record of this event.

Signature of Participant: _____

Date: _____

Signature of Parent/Guardian if participant is under 18 years of age: _____ Date: _____

Return registration form and check made payable to:

Jones Memorial Hospital
Attn: Deanna Hackett
P.O. Box 72
Wellsville, New York 14895